

May 12 1998 8:00am
Secretary of State

DO NOT WRITE IN THIS SPACE						
3. Date Incorporated or Qualified <div style="font-size: 1.2em; font-weight: bold;">12/30/1992</div>						
4. FEI Number <div style="font-size: 1.2em; font-weight: bold;">59-3161009</div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Applied For</td> <td style="width: 50%;"></td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> <td></td> </tr> </table>		Applied For		Not Applicable	
Applied For						
Not Applicable						
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees						
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No						
10. Name and Address of New Registered Agent						
cess (P.O. Box Number is Not Acceptable)						
<div style="float: right; font-size: 1.5em; font-weight: bold;">FL</div>	<div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold;">85</div>	Zip Code				
corporation submits this statement for the purpose of changing its registered agent's name from _____ to _____. I hereby accept the appointment as registered agent.						
d when reinstating) _____ DATE _____						
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>						
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Section 119.07(3)(i), Florida Statutes. I further certify that the information furnished herein shall have the same legal effect as if made under oath; that I am an authorized officer or director of the corporation named above, and that my name appears in the records of the corporation.

4/24/98

(407) 539-6540

CR2E034 (10/97)